

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **45384**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12005**

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 10 4243 John Ave. 2109 0 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Herman | b. (Middle) J. |
| | | c. (Last) Kappen | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) Dec. 19. 1953 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 7 1898 |
| 9. AGE (In years last birthday) 55 | | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard | | 10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel Co | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME William Kappen | | 13b. MOTHER'S MAIDEN NAME Anna Peitz | 14. NAME OF HUSBAND OR WIFE Adele Kappen |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adele Kappen 4243 John Ave. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Peptic Ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary embolus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Bleeding peptic ulcer, subtotal gastrectomy | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 5400 |
| 22. I hereby certify that I attended the deceased from 12-6-53 , 19____, to 12-19-53 , 19____, that I last saw the deceased alive on 12-19-53 , 19____ and that death occurred at 8:40P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Robert W. Stock | | (Degree or title) MB. | 23b. ADDRESS 1515 Lafayette Avenue |
| | | | 23c. DATE SIGNED 12-21-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 22. 53 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis | |
| DATE REC'D BY LOCAL REG. DEC 21 1953 | | REGISTRAR'S SIGNATURE J. Charles Smith MB | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Stock 2117 E. Grand. |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... *Fred A. Moore*

Licensed Embalmer No..... *304*

P. O. Address..... *2117 S 8th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.